

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) </div> <div style="text-align: center;"> SERIAL NO. <div style="border: 1px solid black; padding: 2px; display: inline-block;">101585661</div> </div> <div style="text-align: center;"> FILING DATE <div style="border: 1px solid black; padding: 2px; display: inline-block;">7-7-2006</div> </div> </div>													
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">7</div> </div> <div style="text-align: center;"> APPLICANT(S) 7 </div> </div>													
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2				1			52						
3		1		1			53						
4		1		1			54						
5		2		1			55						
6		2		1			56						
7		2		1			57						
8				1			58						
9				1			59						
10				1			60						
11				1			61						
12							62						
13							63						
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16							66						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓	1	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	10	←	01	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	11		11				TOTAL CLAIMS						